



# HEALTH PROFILE: CAMBODIA

## HIV/AIDS

Estimated number of Adults and Children Living with HIV/AIDS (end 2003)	170,000 (low-high estimates 100,000-290,000)
Total Population (2003)	14.482 million
Adult HIV Prevalence (end 2003)	2.6%
HIV Seroprevalence in Urban Areas	
Population most at risk (i.e., direct sex workers)	20.8%*
Population least at risk (i.e., pregnant women)	2.1%*

Sources: UNAIDS, U.S. Census Bureau, \*NCHADS/Ministry of Health

Cambodia appears to be experiencing relative success in the fight against the HIV/AIDS epidemic. Although an estimated 34,500 Cambodians have died of AIDS since the disease was first reported in 1991, HIV prevalence continues to decline. While the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated prevalence at 2.6% at the end of 2003, National HIV Sentinel Surveillance data indicated that prevalence among adults aged 15–49 had declined from 2.6% in 2002 to 1.9% at the end of 2003, with an estimated 123,100 people living with HIV/AIDS. While this is good news, public health officials remain “optimistically cautious,” understanding the need for intensified and continued HIV/AIDS interventions to reduce prevalence even further.

HIV transmission in Cambodia is primarily through sexual intercourse. The highest HIV prevalence occurs among female sex workers in Phnom Penh and some major provinces. By the end of 2004, the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) estimated that Cambodia had 19,700 female sex workers, of which 3,600 were brothel-based and the rest “indirect” female sex workers. All brothel-based sex workers are covered by the 100% condom use program and peer education, while 70% of indirect female sex workers are covered with outreach services to prevent the spread of HIV.

Social marketing of condoms and condom promotion have been successful. The total number of condoms sold and distributed in Cambodia increased from 16 million in 2001 to 21.5 million in 2003. Consistent condom use among populations at high risk, including sex workers and their male clients (military and police) reach 95%, according to the Behavioral Sentinel Surveillance VI in 2004.

Prevalence among women seeking care at antenatal clinics in Phnom Penh has declined, from 2.5% in 1999 to 2.1% in 2003; among patients with tuberculosis, 10% also exhibited HIV coinfection in 2002.

Although the epidemic was concentrated in specific populations during the 1990s, it now to some extent affects men, women, and children at all levels of society in all provinces. Some 12,000 Cambodian children under the age of 15 live with HIV/AIDS, and UNAIDS estimates that as many as 55,000 children had lost one or both parents to AIDS by the end of 2001.

Mother-to-child transmission (MTCT) is becoming an increasingly important route of HIV transmission. Currently, one-quarter of all new HIV

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and expand prevention activities to maintain HIV prevalence below 2%, provide care for the estimated 55,000 children orphaned by AIDS, and administer care and treatment to the 123,100 people living with HIV/AIDS. The following approaches are deemed important by the Ministry of Health:

- Instruct men to take responsibility for protecting themselves and their wives against HIV infection.
- Reduce the number of mother-to-child infections.
- Reduce the stigma associated with HIV/AIDS so that infected and affected individuals receive the support they need.
- Expand networks of home-based care.
- Provide antiretroviral therapy to those who need treatment.

The Royal Government of Cambodia National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS for 2001–2005 adopts two complementary approaches to decrease vulnerabilities to HIV/AIDS on the individual, community, and societal levels. The first approach concentrates on the determinants of behaviors at the individual level, while the second approach focuses on changing aspects of the socioeconomic, legal, and political environment. This strategy is currently being reviewed with the participation of all stakeholders, and the new strategy for 2006–2010 will be developed by June 2005.

Within the context of the National Strategic Plan, Cambodia's Ministry of Health NCHADS introduced a new plan to address HIV/AIDS and sexually transmitted infections for the 2004–2007 period with the following objectives:

- Maintain national HIV prevalence below 2%.
- Lengthen the lives of Cambodians living with HIV/AIDS.
- Ensure that national and provincial programs to fight HIV/AIDS and sexually transmitted infections are evidence-based and managed in a cost-effective manner.

infections are transmitted from mothers to their newborn children. Also contributing to the HIV/AIDS epidemic is a great number of people who regularly cross the border with Thailand seeking economic opportunities.

At the end of 2004, an estimated 6,500 people living with HIV/AIDS were receiving antiretroviral therapy; approximately 21,000 more were in need of such treatment.

The challenge for Cambodia now is to respond to an increased burden of care and support for people living with HIV/AIDS in the context of a developing health care delivery system and to move rapidly to respond to the changing patterns of HIV transmission, particularly the rise of MTCT.

## NATIONAL RESPONSE

One of Cambodia's first steps to stop the AIDS epidemic was to teach sex workers about HIV/AIDS and how to adopt safer behavior to avoid HIV infection. That quick response led to a drop in HIV seroprevalence among sex workers from 43% in 1998 to 21% in 2003. The response also showed that well-designed and focused programs, coupled with strong political support, can lead to behavior change and a reduction in HIV prevalence.

Cambodia continues its commendable response to the HIV/AIDS epidemic, but it is now at a crossroads. Cambodia must continue

The Royal Government of Cambodia introduced its Third Five-Year National Strategic Development Plan in February 2005, making direct references to combating HIV/AIDS in the 2006–2010 period. The latest information indicates that the Royal Government of Cambodia will expand its HIV sentinel surveillance and behavioral surveillance system, which is one of the most advanced in Asia.

Cambodia continues to take a multisectoral approach to the epidemic. The Ministry of Education, for example, includes HIV education in the national curriculum, while the Ministry of Social Affairs is responsible for orphan programs. Some of the non-health ministries, however, have not been proactive in their responses to the epidemic, often because they lack the capacity and the funding to implement HIV/AIDS projects.

Efforts are under way to coordinate and expand programs at the national and local levels. Under the aegis of Cambodia's Continuum of Care program, the quality of each activity is dependent on the availability and quality of the other services. Thus, it is Cambodia's goal to develop strong referral mechanisms between health facilities, HIV counseling and testing services, home-based care teams, associations that represent people living with HIV/AIDS, and nongovernmental organizations (NGOs) to refer clients from one service to another. For example, the U.S. Agency for International Development (USAID) funded NGOs and the Khmer HIV/AIDS NGO Alliance (KHANA), supported by the International HIV/AIDS Alliance, to encourage people to use community services; the Reproductive and Child Health Alliance provides drugs and resources for logistics; and Family Health International supports HIV counseling and testing, opportunistic infection services, and the monitoring of antiretroviral drug distribution. The Asian Development Bank and the World Bank provide resources for health care facilities; the United Nations Children's Fund (UNICEF) supports efforts to prevent MTCT.

In the past two years, Cambodia launched its *National Policy of Preventing Mother-to-Child Transmission of HIV*, which focuses on preventing HIV transmission to infants from HIV-positive mothers and on helping women who are HIV-negative to remain so.

## USAID SUPPORT

USAID has been a major donor and active partner in Cambodia's response to HIV/AIDS since 1993. USAID has historically supported focused prevention and care intervention primarily for people at risk (direct and indirect commercial sex workers, men who have sex with men), those likely to serve as bridges to the general population (clients of sex workers, military personnel, police), and people who are vulnerable to HIV infection (migrant workers and youth). Activities have included behavior change communication, condom distribution, strengthening of NGOs, operations research, support in strengthening policy response, surveillance, care and support for people living with HIV/AIDS, and a range of prevention activities.

In 2004, USAID continued its support to HIV-prevention efforts geared toward: increasing awareness about HIV transmission and prevention; reducing negative attitudes toward people living with HIV/AIDS and risky behaviors associated with HIV transmission; and increasing protective behavior by promoting safer sex and condom use. Intervention with multiple approaches tailored to each audience has been employed, including: HIV education, counseling and behavior change communication (mass media, peer education, and life-skill training); condom promotion; treatment for sexually transmitted infections; counseling and testing, and prevention of mother-to-child transmission (PMTCT). USAID employs the ABC (abstinence, be faithful, and, as appropriate, correct and consistent use of condoms) model in the design and implementation of its HIV/AIDS prevention activities. A faith-based approach is used in activity implementation, when applicable.

In 2004, USAID supported the "continuum of care" program in two referral hospitals at the provincial level. This program links public referral hospitals to the community by providing a comprehensive approach to care for people living with HIV/AIDS. This model, which is receiving international attention, has been adopted by the Ministry of Health and expanded to other provincial hospitals. USAID is working with other donors and the Ministry of Health to increase the number to 25 sites in 2005.

Assistance has continued to Cambodia's HIV/AIDS surveillance system to monitor the epidemiological and behavioral trends of the epidemic. These efforts have helped Cambodian NGOs and health authorities balance prevention and care efforts and develop and focus appropriate prevention messages. USAID-funded technical assistance, social marketing, and public awareness campaigns at the national and provincial levels are aimed at preventing HIV infection and reducing the stigma associated with HIV/AIDS.

USAID allocated \$14 million for HIV/AIDS activities in Cambodia in Fiscal Year 2005. This expenditure reflects USAID's commitment to making a significant effort toward preventing the further spread of HIV. The current USAID strategy takes a holistic approach to the epidemic at the provincial/district and national levels. Organizations that receive funding to carry out HIV/AIDS activities include CARE, Population Services International, Family Health International, The POLICY Project, University Research Corporation, Reproductive Health Association of Cambodia, Reproductive and Child Health Alliance, Catholic Relief Services, and the Khmer HIV/AIDS and NGO Alliance.

Cambodia is the only country in Southeast Asia with a bilateral USAID HIV/AIDS program, and it will continue to receive U.S. assistance. Activities to fight HIV/AIDS in Cambodia will also continue under the Mekong Regional Program.

## **IMPORTANT LINKS AND CONTACTS**

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